

# EXHIBIT C

1129306

CAUSE NO. \_\_\_\_\_

C.C.C.L. #3

] IN THE COUNTY COUR

NICHOLAS D. BROOKS,  
Plaintiff,

] AT LAW NO. \_\_\_\_\_

vs.

]

MUTUAL OF OMAHA INSURANCE COMPANY,  
Defendant. ] HARRIS COUNTY, TEXAS

PLAINTIFF'S ORIGINAL PETITION

1. Plaintiff, Nicholas D. Brooks, is an individual who resides in Harris County, Texas.
2. Defendant, Mutual of Omaha Insurance Company, insurance carrier, authorized to conduct business in Texas, may be served with process by serving its resident agent for service of process, Corporation Service Company, 211 East 7<sup>th</sup> Street, Suite 620, Austin, Texas 78701-3218.
3. The court has jurisdiction over defendant because defendant, a non-resident corporation, has done business in and continues to do business in Texas and is amenable to service by a Texas court. The court has jurisdiction over the controversy because the damages are within the jurisdictional limits of the court.
4. Venue is proper in Harris County, Texas because all or a substantial part of the events occurred in this county.
5. On October 22, 2012, plaintiff and defendant executed a written contract. Plaintiff attaches a copy of the contract as Exhibit A and incorporates it by reference. The contract provided plaintiff would receive a monthly benefit amount of \$1,700 and SIS monthly benefit amount of \$1,600 for a ten year period. Plaintiff fully performed his contractual obligations.
6. Defendant has not performed its contractual obligations. Specifically, defendant wrongfully terminated benefits after five years and refuses to pay remaining benefits.
7. Defendant's non-performance constitutes a breach of the contract. As a result of defendant's breach, plaintiff incurred damages of lost income.
8. All conditions precedent have been performed or have occurred as required by Texas Rule of Civil Procedure 54.

A Certified Copy

Attest: 3/25/2019

Diane Trautman, County Clerk  
Harris County, Texas

*Eloise G. Campos*  
Eloise G. Campos

Deputy



CON:415105|15488355

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9. Plaintiff demands a jury trial and tenders the appropriate fee.
10. For these reasons, plaintiff asks that defendant be cited to appear and answer, and that plaintiff have judgment against defendant for:
- a. Damages within the jurisdictional limits of this court.
  - b. Specific performance of the contract.
  - c. Prejudgment and post-judgment interest as allowed by law.
  - d. Costs of suit.
  - e. All other relief the court deems appropriate.

Respectfully submitted,

BY: 3-8-2019  
NICHOLAS D. BROOKS, Pro-Se  
1915 Vale Haven Drive,  
Spring, Texas 77373  
281-451-3853

FILED  
2019 MAR -8 PM 4:19

*Diane Trautman*  
COUNTY CLERK  
HARRIS COUNTY, TEXAS

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A Certified Copy  
Attest: 3/25/2019

**Diane Trautman, County Clerk**  
Harris County, Texas

*Eloise G. Campos* Deputy  
**Eloise G. Campos**



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MUTUAL of OMAHA INSURANCE COMPANY  
Mutual of Omaha Plaza  
Omaha, NE 68175  
mutualofomaha.com

# Fax



Mutual of Omaha

To: Nicholas Brooks

Fax: 7132251281

From:

Date: 1/31/2019 4:44 PM

Pages: 1 of 8 (including this page)

Subject: 685015-90

Erin Ernsick  
Customer Care Analyst I  
Policyowner Services

Highly Confidential

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Exhibit A

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Attest: 3/25/2019

**Diane Trautman, County Clerk**  
Harris County, Texas

*Eloise G. Campos*  
**Eloise G. Campos**

Deputy



CON:415105|15488355



MUTUAL of OMAHA INSURANCE COMPANY  
Mutual of Omaha Plaza  
Omaha, NE 68175  
mutualofomaha.com

# Fax



Mutual of Omaha

To:

Fax: 7132251281

From:

Date: 2/4/2019 9:00 AM  
Pages: 1 of 8 (including this page)  
Subject: 685015-90

Thank you,

Michelle Doner  
Customer Care Analyst  
Policyowner Services  
Highly Confidential

This e-mail and any files transmitted with it are confidential and are solely for the use of the addressee. It may contain material that is legally privileged, proprietary or subject to copyright belonging to the sender and its affiliates, and it may be subject to protection under federal or state law. If you are not the intended recipient, you are notified that any use of this material is strictly prohibited. If you received this transmission in error, please contact the sender immediately by replying to this e-mail and delete the material from your system. The sender may archive e-mails, which may be accessed by authorized persons and may be produced to other parties, including public authorities, in compliance with applicable laws.

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Attest: 3/25/2019

**Diane Trautman, County Clerk**  
Harris County, Texas

*Eloise G. Campos*  
Eloise G. Campos

Deputy



CON:415105115488355

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Attest: 3/25/2019

Diane Trautman, County Clerk  
Harris County, Texas

*Eloise G. Campos* Deputy  
Eloise G. Campos



CON:415105|15488355





4136\*891000 (A) TX  
M. FARGNOLI DV

212 BLWCBAS47  
AS.22  
10

OCT 24 2012

Manager/Commission Code (Required  
Field for Endorsed)



MUTUAL OF OMAHA INSURANCE COMPANY  
Application for Individual Disability Income Insurance

GROVER THOMPSON 586058

SECTION A  
GENERAL INFORMATION  
COMPLETE FOR ALL POLICIES

**BSP**

Program  
☒ Individual Di

Product (check at least one)  
☐ Accident-Only Disability Income ☒ Long-Term Disability (LTD)  
☐ Short-Term Disability (STD) ☐ Business Overhead Expense (BOE)

Proposed Insured's Name (First, Middle, Last) Nicholas DeWayne Brooks Gender ☒ Male ☐ Female Date of Birth 11-4-1970 Birth State TX

Primary Residence Address (Number, Street, City, State, Zip) 1915 Vale Haven Dr Spring, TX 77373 Social Security Number 6449-61-0880

Mailing Address for Premium Notices (if different than above) Telephone Number (281) 451-3853 Best Time to Call PM A.M. P.M.

Full Name of Beneficiary Janitra Thomas Relationship to Proposed Insured Wife

☒ U.S. Citizen  
☐ Permanent Resident (Form I-551) Cardholder residing in the U.S. at least 3 consecutive years (Complete Foreign Travel Questionnaire)

During the last 12 months, have you used any form of tobacco or any form of nicotine replacement therapy (such as nicotine gum, patch or spray)? ☐ Yes ☒ No

☒ Employee (No Ownership) ☐ Sole Proprietor ☐ Partnership ☐ S\* Corp ☐ C\* Corp % Ownership \_\_\_\_\_ # of Employees \_\_\_\_\_

Employer Ryder (City, State) Houston, TX

Occupation Driver List exact duties Local driver

1. Are you covered under or eligible for: (Check all that apply)  
☐ (FEBS or CSRS) ☐ Railroad Retirement Act ☒ Workers Compensation

2. Are you currently applying for, or do you have in force other disability income coverage, such as: (a) Individual Disability Income; (b) Sick Pay, Association, Retirement/Pension Group Disability Plan; or (c) Business Expense or Buy/Sell Insurance? ☐ Yes ☒ No  
If "Yes," complete the following information:

| Company or Source | Pending or Inforce (P/I) | Type (a,b,c) | Benefit Amt. or % of Income | Elim. Period | Benefit Period | % of Premium Paid by Employer | Will coverage be replaced?                               |
|-------------------|--------------------------|--------------|-----------------------------|--------------|----------------|-------------------------------|--|
|                   |                          |              |                             |              |                |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                   |                          |              |                             |              |                |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Complete only if replacing Mutual of Omaha Insurance Company in-force coverage with another Mutual of Omaha Insurance Company policy. I am requesting termination of my Policy No. \_\_\_\_\_ on the effective date of the new policy for which I am applying. I understand that all benefits under the policy being terminated will cease on the effective date of the new policy. NOTE: Benefits for which you apply may not take effect whenever there is duplication of benefits which would result in excess coverage.

1. Income Information (Attach financial records if required.)

| See underwriting guide for details   | Year-to-Date     | Prior Year        | 2nd Prior Year    |
|--|------------------|-------------------|-------------------|
| (a) Gross Annual Earned Income   | \$ <u>60,000</u> | \$ <u>92,000</u>  | \$ <u>82,220</u>  |
| (b) If self employed, net annual earned income from your occupation (after business expenses and before taxes) | \$ _____         | \$ _____          | \$ _____          |
| (c) Bonus, First Year Commissions and other incentive payments   | \$ _____         | \$ _____          | \$ _____          |
| (d) Other Earned Income (Part-time, off-season, etc.)  | \$ <u>10,000</u> | \$ <u>92,000</u>  | \$ <u>82,220</u>  |
| Total  | \$ <u>70,000</u> | \$ <u>184,000</u> | \$ <u>164,440</u> |

2. During the preceding tax year, did you receive unearned income (such as dividends, interest, net rental, pension or renewal commissions) reportable for federal tax purposes or does your tax exempt unearned income exceed \$1,500 per month?  
☐ Yes ☒ No If "Yes," how much per month?

CC12MAS587 MUTUAL OF OMAHA INSURANCE COMPANY, Mutual of Omaha Plaza, Omaha, Nebraska 68175

Exhibit A

A Certified Copy  
Attest: 3/25/2019  
Diane Trautman, County Clerk  
Harris County, Texas

Eloise G. Campos Deputy  
Eloise G. Campos

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Exhibit A

SECTION 1  
GENERAL INFORMATION

1. Have you been able to perform all the material and substantial duties of your job for the last 6 months? ... ☒ Yes ☐ No

2. Height (ft & in) 5'4 Weight (lbs) 160

3. In the past 6 months, due to either an accident, sickness or chronic condition other than colds, flu or childbirth, have you ...  
(a) missed 5 consecutive days or more of work? ... ☐ Yes ☒ No  
(b) been admitted to the hospital? ... ☐ Yes ☒ No

4. In the past 2 years, have you applied for or received disability benefits? ...  
If "Yes", provide details/date \_\_\_\_\_ ☐ Yes ☒ No

5. Have you participated in hang gliding, rock or mountain climbing, sky, skin or scuba diving, motor vehicle, motor cycle or watercraft racing, bike or ski racing (including exhibition), rodeoing or organized boxing or fighting within the last 3 years or plan such activity in the next 2 years? ... ☐ Yes ☒ No  
(If "Yes", submit an Avocation Questionnaire)

6. In the past 3 years, have you been convicted of driving under the influence of drugs or alcohol, been convicted of reckless driving, been convicted or pled guilty four or more times for moving violations or had a driver's license suspended or revoked? ... ☐ Yes ☒ No  
If "Yes", provide details \_\_\_\_\_

7. Have you filed for bankruptcy in the last 2 years? ... ☐ Yes ☒ No

NOTE: If applying for Accident-Only Disability Income, proceed to Section C. Otherwise, proceed to Section D.

SECTION 2  
ACCIDENT-ONLY DISABILITY HISTORY

In the past 3 years, have you been diagnosed, received treatment or had any of the following conditions?  
Check all that apply.

☐ Hemophilia  
☐ Multiple Sclerosis  
☐ Muscular Dystrophy  
☐ Narclepsy  
☐ Parkinson's  
☐ Pulmonary Embolism or Pulmonary Infarction  
☐ Rheumatoid Arthritis  
☐ Scleroderma or Polymyositis  
☐ Systemic Lupus Erythematosus (SLE)  
☒ None of These

☐ Alcoholism or Drug Abuse  
☐ Alzheimer's or Dementia  
☐ Bipolar, Manic Depression or Schizophrenia  
☐ Cardiomyopathy  
☐ Chronic back, neck or joint condition with ongoing treatment or treatment lasting more than 12 months  
☐ Chronic or Recurring Neuritis (including Optic & Vestibular Neuritis)  
☐ Epilepsy with seizure in the last 12 months

Other than previously answered, during the last 3 years have you received, or been advised by a healthcare provider (including chiropractor) to receive, diagnostic testing or treatment for any chronic medical condition, medical impairment or disability? ... ☐ Yes ☒ No

If you answered "Yes", provide additional details below. Attach a separate signed sheet if necessary.

| Condition, Injury, Symptom of Ill Health or Findings of Examination (If operation is performed, state type) | Month and Year | Details of Treatment | Duration of the Condition | Degree of Recovery | Name, Address, ZIP and Telephone Number of Hospital, and/or Attending Physician |
|---|----------------|----------------------|---------------------------|--------------------|---|
|   |                |                      |                           |                    |   |
|   |                |                      |                           |                    |   |
|   |                |                      |                           |                    |   |

NOTE: If applying for STD, LTD or BOE, proceed to Section D. Otherwise, proceed directly to Section F Plan Information.

SECTION 3  
COMPLIANCE WITH AIDS ACT

1. Are you pregnant? ... ☐ Yes ☒ No

2. In the past 5 years, have you been diagnosed or tested positive for Human Immunodeficiency Virus (AIDS Virus) or Acquired Immune Deficiency Syndrome (AIDS)? ... ☐ Yes ☒ No

ICC12MAS987    MUTUAL OF OMAHA INSURANCE COMPANY, Mutual of Omaha Plaza, Omaha, Nebraska 68175

A Certified Copy  
Attest: 3/25/2019  
Diane Trautman, County Clerk  
Harris County, Texas

*Eloise G. Campos*  
Eloise G. Campos

Deputy

CON:41510515488355

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Elvira H. Campos

## Deputy

CON:415105|15488355

SECTION 1  
PLEASE PRINT NAME: \_\_\_\_\_

Monthly Benefit Amount \$ \_\_\_\_\_

Elimination Period: ☐ 0 Days ☐ 7 Days ☐ 14 Days ☐ 30 Days ☐ 60 Days ☐ 90 Days

Benefit Period: ☐ 3 Months ☐ 6 Months ☐ 12 Months ☐ 24 Months

Optional Riders:

☐ Hospital Confinement Accident Indemnity Benefits Rider ☐ \$125 ☐ \$250 ☐ \$350 ☐ \$500

☐ Accident Medical Expense Rider ☐ \$1,000 ☐ \$2,000 ☐ \$3,000 ☐ \$5,000

Monthly Benefit Amount \$ \_\_\_\_\_

Elimination Period Accident/Sickness: ☐ 0/7 Days ☐ 7 Days ☐ 0/14 Days ☐ 14 Days

☐ 30 Days ☐ 60 Days ☐ 90 Days

Benefit Period: ☐ 3 Months ☐ 6 Months ☐ 12 Months ☐ 24 Months

Optional Riders:

☐ Return of Premium Benefit Rider ☐ 50% ☐ 80% ☐ \$500

☐ Hospital Confinement Indemnity Benefits Rider ☐ \$125 ☐ \$250 ☐ \$350 ☐ \$500

☐ Critical Illness Benefits Rider ☐ \$5,000 ☐ \$10,000 ☐ \$15,000 ☐ \$25,000

☐ Accident Medical Expense Rider ☐ \$1,000 ☐ \$2,000 ☐ \$3,000 ☐ \$5,000

Base Monthly Benefit Amount \$ 1700 \$45 Monthly Benefit Amount \$ 1600

Elimination Period: ☐ 60 Days ☐ 90 Days ☒ 180 Days ☐ 365 Days

Benefit Period: ☐ 2 Years ☐ 5 Years ☒ 10 Years ☐ To Age 67

Optional Riders:

☒ S15 (Social Insurance Supplement) Benefits Rider ☐ Yes ☐ No

Do you have any dependent children age 17 or under? ☒ Yes ☐ No

Are you covered under this Social Security Act? ☒ Yes ☐ No

☐ Return of Premium Benefit Rider

☐ 50% ☐ 80%

☒ Hospital Confinement Indemnity Benefits Rider ☐ \$125 ☐ \$250 ☐ \$350 ☐ \$500

☒ Critical Illness Benefits Rider ☐ \$5,000 ☐ \$10,000 ☒ \$15,000 ☐ \$25,000

☐ Accident Medical Expense Rider ☐ \$1,000 ☐ \$2,000 ☐ \$3,000 ☐ \$5,000

Monthly Benefit Amount \$ \_\_\_\_\_

Elimination Period: ☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ 180 Days ☐ 365 Days

Benefit Period: ☐ 12 Months ☐ 18 Months

SECTION 2

Initial ☐ Check submitted with application

Renewal Amount \$ 149.94

Amount collected \$ 0

☒ Monthly (Automated Bank Account Withdrawal)

☐ Quarterly

☐ Semi-Annual

☐ Annual

Collect on delivery

Note: If Automated Bank Account Withdrawal is selected, please complete the Payment Authorization Form.

Requested Effective Date: \_\_\_\_\_ Payroll Deduction (PRD) Group Number: \_\_\_\_\_

IC121MAS987 MUTUAL OF OMAHA INSURANCE COMPANY, Mutual of Omaha Plaza, Omaha, Nebraska 68175

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A Certified Copy  
Attest: 3/25/2019  
Diane Trautman, County Clerk  
Harris County, Texas

*Eloise G. Campos* Deputy  
Eloise G. Campos



CON:415105|15488355





SECTION 1  
STATE OF NEBRASKA

AGREEMENTS AND ACKNOWLEDGEMENTS

1. The undersigned applicant agrees that (a) all answers in this application are true and complete and Mutual of Omaha Insurance Company ("Mutual of Omaha") will rely on these answers to determine insurability, and (b) incorrect or misleading answers may void this application and any policy issued from its effective date.

2. Applicant acknowledges that Mutual of Omaha may require: medical records, an underwriting assessment, a medical examination, or other information.

3. Applicant agrees that Mutual of Omaha will not issue a policy as a result of this application unless (a) the insurance applicant completes all medical examinations and tests required by Mutual of Omaha, (b) Mutual of Omaha receives any additional information requested for underwriting, and (c) the insurance applicant is, as of the policy application date, determined to be eligible for the exact insurance applied for, or the insurance applicant has subsequently accepted an offer by Mutual of Omaha for coverage other than as applied for, according to the underwriting standards of Mutual of Omaha then in force.

4. Applicant agrees that this application does not provide temporary or interim insurance prior to policy issuance. If the applicant has made an advance premium payment, applicant agrees to the terms and conditions under any temporary insurance agreement or conditional receipt. Applicant agrees that completing this application or making an advance premium payment is not a guarantee that this application will be approved. If approved, the issued policy will indicate its effective date. Applicant acknowledges that if his or her application is declined, the insurance coverage applied for will not become effective and any advance premium payment submitted with the application will be refunded to applicant, without interest. No insurance coverage will be in effect until Mutual of Omaha (a) issues a policy and (b) receives payment of the full initial premium according to the mode of payment specified in the application.

5. A completed and signed application will become part of each applicant's policy.

6. Applicant acknowledges that no producer can (a) waive or change any receipt or policy provision, or (b) agree to issue a policy.

RAUD WARNING - Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

I have (a) read and understand the Agreements and Acknowledgements and Free Warning Sections; (b) read and approved the answers as recorded on this application; and (c) received the appropriate Outline/Summary of Coverage.

|  |                                  |                   |
|--|----------------------------------|-------------------|
| Signed at: <u>Spring</u>   | <u>TX</u>                        | <u>10-22-2017</u> |
|  | State                            | Date              |
| <u>Nicholas Brooks</u>   | <u>Nicholas Brooks</u>           | <u>10-22-2017</u> |
| X  | Printed Name of Proposed Insured | Date              |
| Signature of Proposed Insured  |                                  |                   |
| Signature of Payer as shown on bank account.<br>(If Billing Mode is BSP and Payer is other than Proposed Insured)  | Printed Name of Payer            | Date              |
| Producer Section:  |                                  |                   |
| I/we certify that during an interview with the Proposed Insured(s), I/we asked each question exactly as written and recorded the answers provided by the Proposed Insured(s) completely and accurately. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                  |                   |
| (If "No," please explain.)   |                                  |                   |
| I conducted said interview in person <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                                  |                   |
| (If "No," please explain.)   |                                  |                   |
| <u>[Signature]</u>   | <u>Glover Thompson Jr</u>        | <u>10-22-17</u>   |
| Signature of Producer  | Producer's Printed Name          | Date              |
| Office Name  | Office Address                   |                   |
| Signature of Producer  | Producer's Printed Name          | Date              |
| Office Name  | Office Address                   |                   |

ICC12MA5987      Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, Nebraska 68175

Exhibit

A Certified Copy  
Attest: 3/25/2019  
Diane Trautman, County Clerk  
Harris County, Texas

Eloise G. Campos Deputy  
Eloise G. Campos

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MUTUAL OF OMAHA INSURANCE COMPANY  
UNITED OF OMAHA LIFE INSURANCE COMPANY



AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION

"MIB, Inc." means: a non-profit membership organization of insurance companies, which operates an information exchange on behalf of its members.

"Medical Persons and Entities" means: all physicians, medical or dental practitioners, hospitals, clinics, pharmacies, pharmacy benefit managers, other medical care facilities, health maintenance organizations and any providers of medical or dental services.

"Personal Information" means: all health information, such as medical history, mental or physical condition, prescription drug records, drug or alcohol use and other information such as finances, occupation, general reputation and insurance claims information. The personal information may be the entire medical record.

I authorize Medical Persons and Entities that have records or knowledge of me and my children, if they are proposed insureds (My Children) to release personal information about me or My Children to Mutual of Omaha Insurance Company or its affiliated companies (Mutual).

The Personal Information will be used to determine my and My Children's eligibility for insurance or to resolve or contest any issues of incomplete, incorrect or misrepresented information on this application that may arise during the processing of my application or in connection with a claim.

I also authorize Mutual to disclose my and My Children's personal information to MIB, Inc. I understand that my and My Children's personal information received by MIB, Inc. may be disclosed, upon request, to another member company with whom I apply for life or health insurance or to whom I may submit a claim for benefits.

If the person or entity to whom information is disclosed is not a health care provider or health plan subject to federal privacy regulations, the information may be redisclosed without the protection of the federal privacy regulations.

I understand that I may refuse to sign this authorization. I realize if I refuse to sign, the insurance for which I am applying will not be issued.

This authorization will expire 24 months after the date signed. I may revoke this authorization at any time by written notice to ATTN: Individual Underwriting, Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha NE 68175. This revocation is limited to the extent that Mutual has taken action in reliance on the authorization or the law allows Mutual to contest the issuance of the policy or a claim under the policy.

I understand that I will receive a copy of this authorization and that a copy is as valid as the original.

Applicant acknowledges and agrees that if there is more than one proposed insured on this application, all information provided may be reviewed or shared with the other applicant. A completed and signed application will become part of each applicant's policy.

Name(s) used for medical records (if different than the name) below: \_\_\_\_\_

X W. J. Clark Date: 10 22 2012  
Signature of Proposed Insured Mo Day Yr  
  
\_\_\_\_\_  
Signature of Spouse (if Proposed Insured) Mo Day Yr  
  
\_\_\_\_\_  
Signature of Parent or Guardian (if Proposed Insured is a Minor) Mo Day Yr  
  
\_\_\_\_\_  
Signature of Non-minor Child (if Proposed Insured is a Non-minor) Mo Day Yr

THIS AUTHORIZATION COMPLIES WITH HIPAA AND OTHER FEDERAL AND STATE LAWS

18232\_0811

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A Certified Copy  
Attest: 3/25/2019  
Diane Trautman, County Clerk  
Harris County, Texas

Eloise G. Campos Deputy  
Eloise G. Campos



CON:415105|15488355





RETURN FORM INTACT  
SIGN AND DATE ONLY ON \*\*\* LINE

NOV 06, 2012 2D--104  
NICHOLAS D BROOKS  
1915 Vale Haven Dr  
Spring TX 77373

MICHAEL FARGNOLI DIV 41  
PRODUCER G THOMPSON III 586058

4136  
D81BN1-685015-90M

SPECIAL DELIVERY INSTRUCTIONS FOR SOLICITING  
REPRESENTATIVE

This policy/certificate must not be released until the form(s) checked has been signed  
by the insured and returned immediately to the Home Office.

   FORM M35-1 **ACCEPTANCE OF SUBSTITUTE POLICY/CERTIFICATE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

   OTHER \_\_\_\_\_

☒ FORM M35 APPLICATION ALTERATION AUTHORIZATION

I authorize and approve the following alteration/alterations of my application.

5 YEAR BENEFIT PERIOD

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*  
DATE \_\_\_\_\_ NICHOLAS D BROOKS SIGNATURE OF APPLICANT \_\_\_\_\_

FORM M35 8-05  
M4487 12-91

*Nicholas D Brooks*

Chairman of the Board and  
Chief Executive Officer

Exhibit A

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**Diane Trautman, County Clerk**  
Harris County, Texas

*Eloise G. Campos* Deputy  
**Eloise G. Campos**



CON:415105|15488355





MUTUAL of OMAHA INSURANCE COMPANY  
3300 Mutual of Omaha Plaza  
Omaha, NE 68175  
mutualofomaha.com

Mutual of Omaha

ECSM-P190218080018000028



NICHOLAS D BROOKS  
1915 VALE HAVEN DR  
SPRING TX 77373-4634



Doc Key 57665017  
ECSM-P190218080018000028  
01020000000000000001

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Attest: 3/25/2019

**Diane Trautman, County Clerk**  
Harris County, Texas

*Eloise G. Campos*

Deputy

**Eloise G. Campos**



CON:415105|15488355





MUTUAL of OMAHA INSURANCE COMPANY  
3300 Mutual of Omaha Plaza  
Omaha, NE 68175  
mutualofomaha.com

February 18, 2019

NICHOLAS D BROOKS  
1915 VALE HAVEN DR  
SPRING TX 77373-4634

Coverage ID: 685015-90

Dear Nicholas D Brooks:

Thank you for contacting our Customer Service Center.

This is to inform you of our progress with your fraud case. We have received the following communication from our fraud department:

"At this time, as the signatures by the client across all documents, including the application, the document acknowledging the change in benefit period from 10 years to 5 years, and the complaint letter, compare favorably, it does not appear we have a Producer Performance or Fraud concern at this time. Of note, it appears Corporate Investigations also reviewed a separate issue with this client and these signatures back in October 2013 and another investigator also noted that all signatures appeared consistent."

At this time, there will be no further investigation.

We appreciate the opportunity to explain.

Sincerely,

*Elizabeth Donnelly*

Elizabeth Donnelly  
Customer Care Consultant I  
Customer Contact Center



ECSM-PT1902180800180000028  
020200000000000000000000

Confidential information may have been redacted from the document in compliance with the Public Information Act.

A Certified Copy  
Attest: 3/25/2019

**Diane Trautman, County Clerk**  
Harris County, Texas

*Eloise G. Campos*  
**Eloise G. Campos**

Deputy



CON:415105|15488355



Feb 15 2019 6:07PM

Last Transaction

| Date        | Time   | Type     | Station ID | Duration    | Pages | Result |
|-------------|--------|----------|------------|-------------|-------|--------|
| Digital Fax |        |          |            |             |       |        |
| Feb 15      | 6:06PM | Fax Sent | 4029971869 | 0:42<br>N/A | 1     | OK     |

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Attest: 3/25/2019  
Diane Trautman, County Clerk  
Harris County, Texas

*Eloise G. Campos*  
\_\_\_\_\_  
Eloise G. Campos Deputy



CON:415105|15488355






Mutual of Omaha Insurance Company  
Mutual of Omaha Plaza  
Omaha NE 68175

Subject: 685015-90

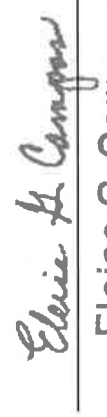
Appealing Decision

Now I have talk to Elizabeth (Libby) Donnelly  
A Customer Care Consultant I Policyowner Service  
Highly Confidential At Mutual of Omaha in NE 68175  
I told her that this is not the first time someone out at  
Mutual of Omaha signing my name on my Policy. I did not signing my name  
on a five year benefit period. This the first time I saw this document  
on 2/12/2019. And this document was not in my file when  
Michelle Dener Customer Care Analyst and Erin Emrich  
Customer Care Analyst they spent four entire phone with me and  
1/31/2019 and 2/4/2019 both with ten years benefit period to me on  
I am asking to be solved this problem now by 2/22/2019  
or legal action to solved. I am stressed out that this  
has happen to me one again.

  
Nicholas Brooks  
1915 Vale Haven  
Spring TX 77373  
Call me at  
281-451-3853  
2/15/19

A Certified Copy  
Attest: 3/25/2019

Diane Trautman, County Clerk  
Harris County, Texas

  
Eloise G. Campos

Deputy



CON:4151051548355

Confidential information may have been redacted from the document in compliance with the Public Information Act.



Feb 11 2019 5:50PM

Last Transaction

| Date   | Time   | Type     | Station ID | Duration    | Pages | Result |
|--------|--------|----------|------------|-------------|-------|--------|
| Feb 11 | 5:45PM | Fax Sent | 4029971869 | 4:38<br>N/A | 10    | OK     |

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A Certified Copy  
Attest: 3/25/2019  
Diane Trautman, County Clerk  
Harris County, Texas



*Eloise G. Campos*  
Eloise G. Campos Deputy



CON:415105|15488355

Mutual of OMAHA Insurance Company  
Mutual of OMAHA Plaza  
Omaha, NE 68175

Subject: 685015-90

Appealing decision

I Have A ten years Benefit Period Not a Five year Benefit Period. ON 2/7/19 is the day they told me that Now They are going with Now. I Have Five Year Benefit Period. But I Believe now some<sup>thing</sup> is gone wrong. I Had problem Before with some one At Mutual of Omaha Committing Fraud By Signing my name on Mutual of Omaha Document For there gone or Profit. what I Have From you All that you Fox to me ON 2/4/19 is a ten years Benefit Period over ~~two~~ Customer Care Analyst said that I only Had A ten years Benefit Period they Look For four and days And Never said I Had a Five years Benefit Period. There Name are Michelle Dover Customer Care Analyst and Erin Emsick Customer Care Analyst. So I am asking to have this problem Solved By 2/15/18. By the way today Date is 2/11/19. If Not I will seek legal action. to Solved it.

Nicholas Brooks  
1915 Vace Haven Dr.  
Spring TX 77373  
Phone Number  
281-451-3853  
Date 2/11/19

A Certified Copy  
Attest: 3/25/2019

Diane Trautman, County Clerk  
Harris County, Texas

*Eloise G. Campos*  
Eloise G. Campos

Deputy



CON:415105|15488355

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1129306



DIANE TRAUTMAN  
COUNTY CLERK, HARRIS COUNTY, TEXAS  
C.C.C.L. #3  
CIVIL COURTS DEPARTMENT

WARNING: Without the advice and help of an attorney, you may be putting yourself, your personal property, and your money at risk. To get a referral to an attorney, call the State Bar of Texas Lawyer Referral Information Service at 1-800-252-9690. If you are a victim of domestic violence, or if at any time you feel unsafe, you can get confidential help from the National Domestic Violence Hotline at 1-800-799-7233 or legal help from the Texas Advocacy Project Family Violence Legal Line at 1-800-374-4673.

(Print your answers in blue ink)

Case Number:

(The Clerk's office will fill in the Cause Number when you file this form)

Plaintiff: Nicholas Brooks

(Print first and last name of the person filing the Lawsuit)

In the (check one):

☐ District Court  
☒ County Court at Law

And

☐ County Court  
☐ Justice Court

Defendant: Mutual of Omaha Insurance Company

(Print first and last name of the person being sued)

Harris

(County)

Statement of Inability to Afford Payment of Courts Costs

WARNING: Read Texas Rules of Civil Procedure 145 and 502.3 before filling out this form.

Part 1: Your Information

Your full name: Nicholas Dewhite Brooks

Your date of birth: 11-04-2019

Your address (if the place you receive mail is different from the place you actually live, list both addresses):

1915 Vale Haven Dr. Spring Tx 77373

Your telephone number: 281-451-3853

Part 2: Representation by Legal-Aid Attorney

Only fill out this section if (a) you are being represented in this case by an attorney who works for a legal-aid provider or who received your case through a legal-aid provider; or (b) you applied for representation through a legal-aid provider and were determined to be financially eligible, but the legal-aid provider was unable to take your case. If you are not being represented in this case by a legal-aid attorney or have not sought representation through a legal-aid provider, skip to Part 3

Check the box that applies. Attach the certificate that the legal-aid provider gave you and label it "Exhibit: Legal-Aid Certificate."

☐ "I am being represented in this case for free by an attorney who works for a legal-aid provider or who received my case through a legal-aid provider."

-or-

☒ "I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case."

© Form Approved by the Supreme Court of Texas by order in Misc. Docket No. 16-9056 (May 16, 2016)  
Statement of Inability to Afford Payment of Court Costs  
Form No. H-01-335 (Rev. 01/01/2019)

Page 1 of 4

Confidential information may have been redacted from the document in compliance with the Public Information Act.

A Certified Copy

Attest: 3/25/2019

Diane Trautman, County Clerk  
Harris County, Texas



Eloise G. Campos  
Deputy

CON:415105|15488354



Part 3: Public Benefits, Income, and Debts

Check ALL boxes that apply and fill in the blanks describing the amounts and sources of your income.

"I receive these public benefits/government entitlements that are based on indigency: ☐ SSI ☐ WIC ☒ Food stamps/SNAP ☐ TANF ☐ Medicaid ☐ CHIP ☐ Needs-based VA Pension ☐ County Assistance, County Health Care, or General Assistance (GA) ☐ Community Care via DADS ☐ AABD ☐ Public Housing ☐ Low-Income Energy Assistance ☐ LIS in Medicare ("Extra Help") ☐ Emergency Assistance ☐ Child Care Assistance under Child Care and Development Block Grant ☐ Other:

If you receive any of the above public benefits, attach proof to this form and label it "Exhibit: Proof of Public Benefits."

"My income sources are stated below (check all that apply).

☐ Unemployed since: \_\_\_\_\_ Date \_\_\_\_\_  
☐ Wages: I work as a \_\_\_\_\_ for \_\_\_\_\_ Your employer \_\_\_\_\_  
☐ Child/spousal support ☐ My spouse's income or income from another member of my household (if available)  
☐ Tips, bonuses ☐ Military Housing ☐ Worker's Comp ☐ Disability ☐ Unemployment ☐ Social Security  
☐ Retirement/Pension ☐ Dividends, interest, royalties ☐ 2nd job or other income: \_\_\_\_\_ Describe \_\_\_\_\_

"My income amounts are stated below.

- (A) My monthly take-home wages:  
(B) The amount I receive each month in public benefits is:  
(C) The amount of income from other people in my household: (list this income only if other members contribute to your household income)  
(D) The amount I receive each month from other sources is:  
(E) My TOTAL monthly income

|                                 |   |                 |
|---------------------------------|---|-----------------|
| Total amount received           | → | \$ <del>0</del> |
| Total amount received           | → | \$ 140          |
| Total amount received           | → | \$ <del>0</del> |
| Total amount received           | → | \$              |
| Add all sources of income above | → | = \$ 140        |

About my dependents:

"The people who depend on me financially are listed below:

| Name                 | Age   | Relationship to Me |
|----------------------|-------|--------------------|
| 1 Joshua Isaiah Love | 19    | Son                |
| 2 _____              | _____ | _____              |
| 3 _____              | _____ | _____              |
| 4 _____              | _____ | _____              |
| 5 _____              | _____ | _____              |
| 6 _____              | _____ | _____              |

"My property includes:

|  |                 |                 |
|--|-----------------|-----------------|
| Cash   | Value*          | Amount          |
| Bank accounts, other financial assets (List)           | \$ 1350000      | \$ <del>0</del> |
| _____  | \$ <del>0</del> | \$ 80           |
| _____  | \$ <del>0</del> | \$ 150          |
| _____  | \$ <del>0</del> | \$ 20           |
| Vehicle (cars, boats) (List make and year)             | _____           | \$ 60           |
| _____  | \$ <del>0</del> | \$ 140          |
| _____  | \$ <del>0</del> | \$ <del>0</del> |
| _____  | \$ <del>0</del> | \$ 40           |
| _____  | \$ <del>0</del> | \$ <del>0</del> |
| Other property (like jewelry, stocks, etc.) (Describe) | _____           | \$ <del>0</del> |
| _____  | \$ <del>0</del> | \$ <del>0</del> |

"My monthly expenses are:

|                                      |                 |
|--------------------------------------|-----------------|
| Rent/house payments/maintenance      | Amount          |
| Food and household supplies          | \$ <del>0</del> |
| Utilities and telephone              | \$ 80           |
| Clothing and laundry                 | \$ 150          |
| Medical and dental expenses          | \$ 20           |
| Insurance (life, health, auto, etc.) | \$ 60           |
| School and child care                | \$ 140          |
| Transportation, auto repair, gas     | \$ <del>0</del> |
| Child/spousal support                | \$ 40           |
| Wage withheld by court order         | \$ <del>0</del> |
| Debt payments paid to: (List)        | \$ <del>0</del> |

Confidential information may have been redacted from the document in compliance with the Public Information Act.

A Certified Copy  
Attest: 3/25/2019  
Diane Trautman, County Clerk  
Harris County, Texas



Eloise G. Campos Deputy

Eloise G. Campos



CON:415105|15488354

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
Total value of property → \$ 1350000 Total Monthly Expenses → \$ 492

\*The value is the amount the item would sell for less the amount you still owe on it, if anything.

"My debts include: (list debt and amount owed) Medical Bill Credit Card Bill Doctor Bill

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach another page to this form and label it "Exhibit: Additional Supporting Facts." Check here if you attached another page. ☒ Copy of SNAP Benefits

Party 4: Verification

**Important:** Please complete either Option 1 or Option 2 below. You do not have to complete both. If you complete Option 1, you must sign your name before a notary public, court clerk, or another person authorized to give oaths. If you complete Option 2, you do not have to sign your name before a notary public or any other person, but you must swear that the information in this statement is true "under penalty of perjury." "Perjury" means lying to a judge, and it is a crime. If you swear that a statement is true "under penalty of perjury," and you make the statement knowing that it is false, you could be prosecuted in criminal court.

Option 1

Check all boxes that apply:

- ☒ "I cannot afford to pay any court costs."  
☐ "I can only afford to pay some court costs. I cannot afford to pay all court costs."  
☐ "I can only pay court costs over time in installments."

"I verify that the statements made in this form are true and correct."

by Nicholas Brooks  
(Print name of person who is signing this statement.)

Do not sign until you are in front of a notary.

[Signature] 3-8-19  
Signature of Person Signing Statement Date

Notary fills out below.  
State of Texas, County of Harris  
(Print the name of county where this statement is notarized)

Sworn to and subscribed before me, the undersigned notary, on this date: 3 / 08 / 20 19 at 3:57 a.m. p.m.  
month day year time (circle one)

[Signature] Sylvia Martinez  
Deputy County Clerk

© Form Approved by the Supreme Court of Texas by order in Misc. Docket No. 16-9056 (May 16, 2016)  
Statement of Inability to Afford Payment of Court Costs  
Form No. H-01-335 (Rev. 01/01/2019)

Page 3 of 4

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A Certified Copy  
Attest: 3/25/2019  
Diane Trautman, County Clerk  
Harris County, Texas



Eloise G. Campos Deputy  
Eloise G. Campos

CON:41510511548354

Option 2

Check all boxes that apply.

- ☐ "I cannot afford to pay any court costs."
- ☐ "I can only afford to pay some court costs. I cannot afford to pay all court costs."
- ☐ "I can only pay court costs over time in installments."

My name is \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last).

My date of birth is \_\_\_\_\_, and my address is \_\_\_\_\_ (Street),

\_\_\_\_\_ (City), \_\_\_\_\_ (State), \_\_\_\_\_ (Zip code),

and \_\_\_\_\_ (County). I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_

(Month), \_\_\_\_\_ (Year),

\_\_\_\_\_  
Declarant

© Form Approved by the Supreme Court of Texas by order in Misc. Docket No. 16-9056 (May 16, 2016)  
Statement of Inability to Afford Payment of Court Costs  
Form No. H-01-335 (Rev. 01/01/2019)

Page 4 of 4

Confidential information may have been redacted from the document in compliance with the Public Information Act.

A Certified Copy  
Attest: 3/25/2019  
Diane Trautman, County Clerk  
Harris County, Texas



*Eloise G. Campos*  
Eloise G. Campos Deputy



CON:415105|15488354

DATE: 02/02/2019



CASE NO: 1023418455

Call: 2-1-1 toll-free (if you can't connect, call 1-877-541-7905)

Fax: 1-877-447-2839 toll-free.

Mail: TEXAS HEALTH AND HUMAN SERVICES COMMISSION  
P O BOX 149025, AUSTIN, TEXAS 78714-9025

If you are deaf, hard of hearing, or speech impaired, you can call any number by calling 7-1-1 or 1-800-735-2989



606.3 AB 0.409 T 5  
NICHOLAS D BROOKS  
1915 VALE HAVEN DR  
SPRING TX 77373-4634



### It is time to renew your benefits.

The benefits you need to renew have a check-mark next to them:

☒ SNAP ☐ TANF ☐ Health Care

You can renew benefits online or by returning the form that came with this letter.

To renew online: Go to YourTexasBenefits.com, log in and click 'Manage'. Find the case that says 'Ready for renewal' and click 'Details'. Click 'Renew Benefits' to begin.

To renew using the form that came with this letter: Return the form by mail using the pre-paid envelope or by fax. The fax number is listed above. Don't forget to sign the form.

### Due dates:

Send your online renewal form or the form with this letter as soon as you can. If we don't get your renewal in time, your benefits might end.

SNAP food benefits (EDG 618504677)

Your current SNAP food benefits end 03/2019. It's best to return this form as soon as you can. It must be returned by 03/15/2019 if you want SNAP benefits 04/2019.

Need help filling out the form? Call 2-1-1 (toll free).

Exhibit A

A Certified Copy

Attest: 3/25/2019

Diane Trautman, County Clerk  
Harris County, Texas

*Eloise G. Campos*

Deputy

Eloise G. Campos



CON:41510515488354

Confidential information may have been redacted from the document in compliance with the Public Information Act.







OFFICE OF DIANE TRAUTMAN  
COUNTY CLERK, HARRIS COUNTY, TEXAS  
COUNTY CIVIL COURTS DEPARTMENT

Docket No. 1129306

Nicholas D. Brooks  
Plaintiff

vs.

County Civil Court  
At Law No. 3

Mutual of Omaha Insurance Company  
Defendant

☒ ~~Alias~~ Citation      ☐ Amended Citation

(Address for service): 211 East 7th Street, Suite 620  
Austin, Texas 78701-3218

- ☐ Rule 106 Citation
- ☐ Abstract of Judgment
- ☐ Writ of Execution
- ☐ Writ of Execution and Order of Sale
- ☐ Writ of Possession
- ☐ Certificate of Dormant Judgment
- ☐ Certificate of Transfer
- ☐ Certificate of No Appeal
- ☐ Bill of Costs
- ☐ Jury Fee
- ☐ Deposit into Registry of Court
- ☐ Other Services \_\_\_\_\_

FILED  
2019 MAR -8 PM 4:40

*Diane Trautman*  
COUNTY CLERK  
HARRIS COUNTY, TEXAS

**REQUEST MADE BY**

(Name) Nicholas D. Brooks

(Address) 1915 Vale Haven Dr Spring Tx 77373

(Phone Number) 281-451-3853

(Zip Code)

Request is to be:

- ☐ Mailed
- ☐ Picked up by: \_\_\_\_\_

P.O. Box 1525 • Houston, TX 77251-1525 • 713-274-1374  
[www.cclerk.hctx.net](http://www.cclerk.hctx.net)

Form No. H-01-63 (Rev. 01/01/2017)

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A Certified Copy  
Attest: 3/25/2019  
**Diane Trautman, County Clerk**  
Harris County, Texas

*Eloise G. Campos*  
**Eloise G. Campos** Deputy



CON-415105|15488353



CAUSE NO. 1129306

|                           |   |                           |
|---------------------------|---|---------------------------|
| NICHOLAS D. BROOKS        | § | IN THE COUNTY CIVIL COURT |
|                           | § |                           |
|                           | § |                           |
| v.                        | § | AT LAW NO. 3              |
|                           | § |                           |
| MUTUAL OF OMAHA INSURANCE | § |                           |
| COMPANY                   | § | HARRIS COUNTY, TEXAS      |

**DEFENDANT'S ORIGINAL ANSWER AND AFFIRMATIVE DEFENSES**

TO THE HONORABLE JUDGE OF SAID COURT:

Mutual of Omaha Insurance Company ("Mutual of Omaha" or "Defendant") files this Original Answer and Affirmative Defenses to Plaintiff's Original Petition and respectfully shows the Court as follows:

**I. GENERAL DENIAL**

Pursuant to Rule 92 of the Texas Rules of Civil Procedure, Defendant generally denies each and every allegation in Plaintiff's Original Petition.

**II. DEFENDANT'S AFFIRMATIVE DEFENSES**

Subject to the foregoing, Defendant pleads, in addition thereto, the following defenses and affirmative defenses.

1. Defendant affirmatively pleads that Plaintiff has failed to state a claim upon which relief may be granted.
2. Defendant affirmatively pleads that Plaintiff cannot establish a *prima facie* case.
3. All conditions precedent necessary to the Plaintiff's recovery have not been performed or have not occurred.
4. Plaintiff has failed, in whole or in part, to reasonably mitigate his alleged damages, if any.

5. Plaintiff's claims are barred, in whole or in part, by the doctrine of estoppel.
6. Plaintiff's claims are barred, in whole or in part, by the doctrine of waiver
7. Plaintiff's claims are barred, in whole or in part, by the doctrine of accord and satisfaction.
8. Plaintiff's claims are barred, in whole or in part, by the doctrine of payment.
9. Plaintiff's claims are barred, in whole or in part, by the doctrines of ratification, acceptance, approval, and/or adoption.
10. Additionally, Defendant asserts that Plaintiff's action is frivolous, unreasonable and without foundation and, as such, Defendant is entitled to recover its attorneys' fees.
11. Defendant reserves the right to amend its Answer and Affirmative Defenses as may be applicable during the course of this litigation.
12. Defendant requests that Plaintiff take nothing by his claims and that Defendant be awarded its attorneys' fees and such other and further relief, at law or in equity, to which it is justly entitled.

### **III. RULE 193.7 NOTICE**

Pursuant to Texas Rule of Civil Procedure 193.7, Defendant hereby notifies Plaintiff of its intentions to use all documents exchanged and produced between the parties in discovery, including but not limited to correspondence, discovery responses, and deposition exhibits, during the trial of the case.

### **IV. CONCLUSION**

WHEREFORE, PREMISES CONSIDERED, Defendant Mutual of Omaha Insurance Company respectfully prays that Plaintiff take nothing by his claims or any subsequently filed



claims, that Defendant recover its costs and attorney's fees, and for such other and further relief, both general or special, at law or in equity, to which Defendant may show itself justly entitled.

Respectfully submitted,

**WILSON, ELSER, MOSKOWITZ,  
EDELMAN & DICKER, LLP**

By: /s/ Linda P. Wills  
Linda P. Wills  
State Bar No. 21661400  
Nathan Prihoda  
State Bar No. 24068070  
909 Fannin St., Suite 3300  
Houston, Texas 77010  
Telephone: (713) 353-2000  
Facsimile: (713) 785-7780

**ATTORNEYS FOR DEFENDANT  
UNITED OF OMAHA LIFE INSURANCE COMPANY**

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the foregoing instrument was delivered to all parties and counsel of record in accordance with the Texas Rules of Civil Procedure on this the 5<sup>th</sup> day of April, 2019.

**Via CM/RRR:**  
\_\_\_\_\_  
Nicholas D. Brooks  
1915 Vale Haven Drive  
Spring, Texas 77373

/s/ Linda P. Wills  
\_\_\_\_\_  
**Linda P. Wills**